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FACSIMILE TRANSMISSION COVER SHEET

Date: September 21, 2004

To: United States Patent and Trademark Office
Examiner: Julio J. Maldonado; Art Unit: 2823

Fax: (703) 872-9306

Re: **Application Serial No.: 09/833,953**
Filing Date: 4/11/2001; First Named Inventor: Marco Racanelli
Attorney Docket No.: 00CON161P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 21

Message:

Enclosed please find the Amendment and Response to the Office Action dated June 15, 2004. Payment for the First Month Extension Fee in the amount of \$110.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 00CON161P

AMENDMENT COVER SHEETIN RE APPLICATION OF: Racanelli, et al.SERIAL NO.: 09/833,953 FILED: April 11, 2001FOR: Low Cost Fabrication of High Resistivity ResistorsHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

	RATE Non-Small Entity	RATE Small-Entity	FEE
<input checked="" type="checkbox"/> EXTENSION FEE			
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$110.00
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

☒ TOTAL EXTENSION FEE \$ 110.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	22	MINUS **25	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

09/22/2004 NROCHA1 00000036 09833953

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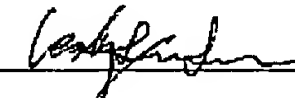
110.00 0P

Attorney Docket No.: 00CON161P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 9/21/04By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Date 9/21/2004Signature Name of Person Performing Facsimile Transmission LESLIE L. LAM

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Attorney Docket No.: 00CON161P

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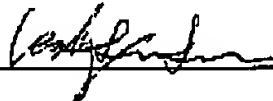
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Name of Person Performing Facsimile Transmission

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Attorney Docket No.: 00CON161P

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Marco Racanelli**

Serial No.: 09/833,953

Filed: April 11, 2001

For: **Low Cost Fabrication of High
Resistivity Resistors**

Art Unit: 2823

Examiner: Maldonado, Julio J.

AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated June 15, 2004 in the above-referenced patent application. Please enter and consider the following amendments and remarks.